Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **August 1-15 2006.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR FEDERAL ASSISTAN	CE		SUBMITTED			Applicant Ider	Version 7/ nüfter
1. TYPE OF SUBMISSION:	-	07/28/200	06 RECEIVED B	Y STATE		State Applicat	ion Identifier
Application	Pre-application				<u> </u>		
☐ Construction	Construction		4. DATE RECEIVED BY FEDERAL A		SENCY	Federal Identi	ner
Non-Construction 5. APPLICANT INFORMATION	□ Non-Construction						
Legal Name:				Organizatio Department:		ť	
San Joaquin Valley Unified A	Ir Pollution Control District			Administration	on		
Organizational DUNS; 786808394						ices Division	
Address:						ne number of pe Ication (give are:	rson to be contacted on matter a code)
1990 East Geltysburg Avenue	•			Prefix:		First Name: Fred	
City; Fresno				Middle Name	•		
County: Fresno				Last Name Bates	•		
State: CA	Zip Code 93726-0244			Suffix:			
Country:	30720-0244			Émail:			•
6. EMPLOYER IDENTIFICAT	ION NUMBER (EIN):	•		Phone Numb			Fax Number (give area code)
77-026256				(559) 230-60			(559) 230-6063
B. TYPE OF APPLICATION:	_			7. TYPE OF	APPLIC	ANT: (See back	of form for Application Types)
IZ N If Revision, enter appropriate ja	atter(s) in box(es)	n 🗆 R	levision	G.			
(See back of form for description	on of letters.)	П		Other (specify	()		
Other (specify)	Ш			9. NAME OF EPA - Region		AL AGENCY:	
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANC	E NUMBE	R:	1		ITLE OF APPLIC	ANT'S PROJECT:
			-001	Clean Air Ac			
TITLE (Name of Program): Air Pollution Control Program :	Support (105)	حات -					
12. AREAS AFFECTED BY P	ROJECT (Cities, Counties,	, States, etc	c.):	1			
Fresno, Kem, Kings, Madera,	Merced, San Joaquin, Star	nisiaus, & T	ulare County.				
13. PROPOSED PROJECT			-		SSION	AL DISTRICTS O	
Start Date: 10/01/2005	Ending Date: 09/30/2006			a. Applicant 0611, 0618, 0	619, 06	20, 0621, 062 <i>2</i> 0	b. Project 611 0618 0619 0620, 0621, 0622
15. ESTIMATED FUNDING:					CATION	SUBJECT TO R	REVIEW BY STATE EXECUTIVE
a. Federal	,	1,837,92	w .	L Van EN T	HIS PR	EAPPLICATION	APPLICATION WAS MADE
b. Applicant \$			00		VAILAB ROCES	LE TO THE STATES FOR REVIEW	TE EXECUTIVE ORDER 12372 ON
c. State \$		9,230,67	Q Q			7/11/2005	
d. Local S	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·				RED BY E. O. 12372
e. Other \$			· <u></u>	D. 140' TT			
			· - Od	F(OR REV	IEW	BEEN SELECTED BY STATE
			_,'``	17. IS THE AF	PLICA	MT DELINQUEN	ON ANY FEDERAL DEBT?
, TOTAL \$		11,068,59		Yea If Yes	" attach	an explanation.	Ø No
8. TO THE BEST OF MY KNO OCUMENT HAS BEEN DULY	WLEDGE AND BELIEF, AUTHORIZED BY THE G	ALL DATA	IN THIS APPL	ICATION/PRE	APPLIC	CATION ARE TR	UE AND CORRECT. THE
I I VOLIFF YOROLVUCES IL	THE ASSISTANCE IS AW	ARDED.	S DOD! OF !!	AFFEIGAN	IAND	THE APPLICAN	WILL COMPLY WITH THE
Authorized Representative refix	First Name Seyed				Middle	Name	
ast Name	Seyeu				Suffix		
adredrin Title						hana Number ()	
xecutive Director / A.P.C.O. Signature of Authorized Repre	controllers /		2		(559) 2	phone Number (gl 30-6020	va area code)
_	Wigel Ste	les			07/28/2	Signed 2006	
evious Edition Usable athorized for Local Reproductio	n		REC	EIVE	J		Standard Form 424 (Rev.9-2003) rescribed by OMB Circular A-102
				0 1 2006		•	
			J AUG	0 1 7000	1		

STATE CLEARING HOUSE

APPLICATION FOR					Version 7/03	
FEDERAL ASSISTANCE		2. DATE SUBMITTED July 28, 2006		Applicant Iden R9 Tracking N		
1. TYPE OF SUBMISSION:	D	3. DATE RECEIVED BY	STATE	State Applicati		
Application	Pre-application	4. DATE RECEIVED BY	FEDERAL AGENC	Y Federal Identifier		
Construction	Construction			A009009-07-0		
Non-Construction 5. APPLICANT INFORMATION	Non-Construction					
Legal Name:			Organizational U	nit:		
Ventura County Air Pollution Co	ntrol District		Ventura County A	r Pollution Control	District	
Organizational DUNS: 066691122			Division: N/A			
Address:					rson to be contacted on matters	
Street: 669 County Square Drive, 2nd F	loor		Prefix:	plication (give are First Name:	a code)	
City: Ventura	,		Ms. Middle Name S.	Nancy		
County:			Last Name Mendoza			
Ventura State:	Zip Code		Suffix:			
California Country:	93003	•	N/A Email:	7		
U.S.A.*	N MUNADED (CIA).		nancy@vcapcd.o Phone Number (gi		Fax Number (give area code)	
6. EMPLOYER IDENTIFICATION			(805) 645-1402	ve area code)	(805) 645-1444	
95-6000944 8. TYPE OF APPLICATION:]		1' '	ICANT: (See bac	k of form for Application Types)	
8. TTPE OF APPLICATION.	w 🔲 Continuatio	n 🛮 Revision			от тогитог, т фризацион т јросу	
If Revision, enter appropriate let	ter(s) in box(es)	an and the state of the state o	G Other (angelfs)		•	
(See back of form for description	of letters.)		Other (specify)			
Other (specify)			9. NAME OF FED U. S. Environmen	ERAL AGENCY: tal Protection Agen	cy	
10. CATALOG OF FEDERAL I	DOMESTIC ASSISTANC	CE NUMBER:	11. DESCRIPTIV	E TITLE OF APPLI	CANT'S PROJECT:	
		66-001	Ventura County lo	ocal Air Pollution Co	ontrol Program for the operation of	
TITLE (Name of Program): Air Pollution Control Program		لسالسا تسالسا	an effective program that complies with the Federal and State requirements.			
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties	s, States, etc.):				
Ventura County	,				•	
13. PROPOSED PROJECT			14. CONGRESSI	ONAL DISTRICTS		
Start Date:	Ending Date: 09/30/06		a. Applicant		b. Project 23 & 24	
10/01/05 15. ESTIMATED FUNDING:	09/30/00				REVIEW BY STATE EXECUTIVE	
		00	ORDER 12372 PR	PREAPPLICATION	N/APPLICATION WAS MADE TATE EXECUTIVE ORDER 12372	
a. Federal \$	WED	1,087,794				
b. Applicant RECLS	INFD	6,904,277	PRO	CESS FOR REVIEV	<i>N</i> ON	
c. State \$	2 2006	202,000	DATE	<u>:</u> :		
d. Local AUU %		.00	b. No. 🖾 PRO	GRAM IS NOT CO	/ERED BY E. O. 12372	
e. Other STATE CLEA	RING HOUSE	. 00	1 1	ROGRAM HAS NO REVIEW	OT BEEN SELECTED BY STATE	
f. Program Indome \$		30,000			NT ON ANY FEDERAL DEBT?	
g. TOTAL \$		8,194,071 ·	Yes If "Yes" a	ltach an explanation	n. 🛛 No	
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY	WLEDGE AND BELIEF	F. ALL DATA IN THIS API	PLICATION/PREAF	PLICATION ARE	TRUE AND CORRECT. THE	
ATTACHED ASSURANCES IF	THE ASSISTANCE IS	AWARDED.				
a, Authorized Representative Prefix Mr.	First Name Michael		Mi	ddle Name		
Last Name	wichael		Sı	iffix		
Villegas b. Title				Telephone Number	(give area code)	
Air Pollution Control Officer	a antativa		(8	05) 645-1440		
d. Signature of Authorized Repr	esentative / Lill	Viel	e.	Date Signed 7	- 28 - 2006	

Previous Edition Usable Authorized for Local Reproduction Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

Application for Federal Ass	sistance SF-424	RECEIVED Version 02
 1. Type of Submission: Preapplication Application Changed/Corrected Application 	* 2. Type of Application: ✔ New Continuation	" (If Revision, select appropriate letter(a): AUG 0 3 2006 STATE CLEARING HOUSE
* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier:	
5a. Federal Enlly Identifier:		* 5b. Federal Award Identifier;
State Use Only:		
6. Date Received by State:	7. State Applicati	ion Identifier:
6. APPLICANT INFORMATION:		
a. Legal Name: City of West Cov	ina	
b. Employer/Taxpayer Identification		* c. Organizational DUNS:
d. Address:		
Street1: 1444 W. Garv Street2: West Covina County: State:		CA: California
Province;		USA; UNITED STATES
e. Organizational Unit:		
Department Name: Police Department	_	Division Name:
f. Name and contact information	of person to be contacted or	n matters involving this application:
Prefix: Mr, Middle Name: * Last Name: Houston Suffix:	* First Na	ame: Alex
Title: Police Administrative Service	es Manager	
Organizational Affillation:		
* Telephone Number: 626-939-850	1	Fax Number: 626-939-6679
Email: alex.houston@wcpd.org		

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
C: City or Township Government	
Type of Applicant 2: Select Applicant Type;	:
Type of Applicant 3: Select Applicant Type:	
Other (specify):	
* 10. Name of Federal Agency:	
Community Oriented Policing Services	
11. Catalog of Federal Domestic Assistance Number:	
16.710	
CFDA Title:	
* 12. Funding Opportunity Number:	
COPS-OTHER-TECH-2006-1	
* Title:	
COPS Law Enforcement Technology	!
·	•
40. O and Allian Marchael Andrews	
13. Competition Identification Number:	
Title:	,
14. Areas Affected by Project (Cities, Counties, States, etc.):	<u> </u>
City of West Covina	į.
	;
CONTRACTOR OF THE CONTRACTOR O	į
* 15. Descriptive Title of Applicant's Project:	
Communications System technological upgrade	
	:
Attach supporting documents as specified in agency instructions.	
Add Attachments / Collete Miscrements / Year Structurents	
Not asserted management of agreement of agre	J

Application	for Federal Assista	nce SF-424		Version 02
16. Congressio	onal Districts Of:			
* a. Applicant	31		b. Program/Project 31	
Attach an addit	lonal list of Program/Projec	t Congressional Districts if needed	1.	
		Dolete An	taphment View Attachment	
17. Proposed	Project:			*
* a. Start Date;	04/01/2006		^ b. End Date: 09/30/2007	
18. Estimated	Funding (\$):			
° a. Federal		197,446.00		
b. Applicant		0.00		
* c. State		0.00		
* d. Local		0.00		
* e. Other		0.00		
" I. Program In	come	0.00		
g, TOTAL		197,446,00		
c. Program c. Program 20. Is the Ap Yes 21. *By signing herein are true comply with a may subject m ** I AGREE ** The list of ce specific instruct	is subject to E.O. 12372 but is not covered by E.O. 123 plicant Delinquent On Ar V No	pignation y (1) to the statements contained to the best of my knowledge. I copt an award. I am aware that iministrative penalties. (U.S. Co	ate for review. Ide explanation.) I in the list of certifications** and (2) that the statement also provide the required assurances** and agree to any felse, fictitious, or fraudulent statements or claims.	o Ims
Authorized Re	presentative:			
Prefix:	Mr.	* First Name: And	drew	
Middle Name:				
* Last Name:	Pasmant			
Suffix:				
* Title: City M	Manager			
* Telephone Nu	mber: 626-939-8401		Fax Number: 626-939-6679	
* Email: and	ew.pasmant@westcov.org			
* Signature of A	uthorized Representative:	Completed by Granta.gov upon submissi	Ion. Date Signed: Completed by Grants.gov upon submissi	 оп.

APPLICATION FOR				2. DATE SUBMITTE '01/06	Applicant Identifier R9#06-417				
FEDERAL ASSIST.	ANCE	E							
1. TYPE OF SUBMISSION Application		Preapplication		3. DATE RECEIVED BY STATE	State Application Identifier				
☐ Construction ■ Non-Construction		☐ Construction☐ Non-Constructio	n	4. DATE RECEIVED BY FEDERAL AGENC	CY Federal Identifier				
5. APPLICANT INFORMATION				T 41 000					
Legal Name: Monterey Bay Unified Air Pollution Control District			ontrol District	Organizational Unit: Executive Offic	e				
Address (give city, county, state, and zip code): 24580 Silver Cloud Court, Monterey, CA 93940 DUNS# 125-103-275				Name and telephone number of the person to be contacted on matters involving this application (give area code) Esta Martin, Business Manager (831) 647-9418 X 229, emartin@mbuapcd.org					
4 EMBI OVER IDENTIFICATION (FIN): 94-	2301821		7. TYPE OF APPLICANT: (enter a					
8. TYPE OF APPLICATION: X New Continuation Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration Other Specify:				 A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District J. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify): 					
				9. NAME OF FEDERAL AGENCY: EPA	Region IX				
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUM TITLE: Air Pollutio	BER: 66.0	001 ol Program Su	apport(105)	11. DESCRIPTIVE TITLE OF APPLICANT Basin Wide Pollution Program	"S PROJECT:				
12. AREAS AFFECTED BY PROJE	T (cities.	counties, states, etc.):		RECEIVED AUG 0 3 2006					
		, ,			ALIC A R COSS				
Monterey, Santa Cruz, an				1	AUG V 3 2006				
Benito Counties in Californ	IIIa			1	Į.				
		T			TATE CLEARING HOUSE				
13. PROPOSED PROJECT:		14. CONGRESSI	ONAL DISTRICT OF:		G				
Start Date End		a. Applicant:	16th Congression	al District	b. Project Same				
10/1/06 9/30/07		<u> </u>							
15. Estimated Funding: a. Federal		\$	275,659.00	16. IS APPLICATION SUBJECT TO 12372 PROCESS?	REVIEW BY STATE EXECUTIVE ORDER				
b. Applicant		\$	2,208,774.00	a. YES. THIS PREAPPLICATION TO THE STATE EXECUTIVE	I/APPLICATION WAS MADE AVAILABLE ORDER 12372 PROCESSES FOR REVIEW				
c. State		\$	1,684,100.00	ON:	101.106				
d. Local		s	171,310.00	DATE	<u>/01/06</u>				
e. Other	***************************************	\$	138,058.00	□ PROGRAM IS NOT COVER	ED BY E.O. 12372 EEN SELECTED BY STATE FOR REVIEW				
f. Program Income		\$	0.00	17. IS THE APPLICANT DELINQUENT C	N ANY FEDERAL DEBT? X No				
g. TOTAL		\$	4,477,901.00	☐ Yes If "Yes" attach an explanation.	A NO				
18. TO THE BEST OF MY SEEN DULY AUTHOR THE ASSISTANCE IS A	ZED BY 7	THE GOVERNING B	ALL DATA IN THIS APP ODY OF THE APPLICAN	PLICATION/PREAPPLICATION ARE TRUE A NT AND THE APPLICANT WILL COMPLY V	ND CORRECT, THE DOCUMENT HAS VITH THE ATTACHED ASSURANCES IF				
a. Typed Name of Authorized Representative. Douglas Quetin				1					
a. Typed Name of Authorized Repres			in	b. Title: Air Pollution Control Officer	c. Telephone Number (831)647-9411				
a. Typed Name of Authorized Represent	entative.	Douglas Queti	Din Ock	Officer	•				

					Version 7/03
APPLICATION FOR FEDERAL ASSISTANCE	}	2. DATE SUBMITTED		Applicant Iden	iller
1. TYPE OF SUBMISSION:		June 9th 2006 3. DATE RECEIVED B	Y STATE	State Applicati	un Identifier
Application	Pro-epplication	Not Applicable	Y FEDERAL AGENCY	Federal Identif	lor
Construction	Construction				
Non-Construction 5, APPLICANT INFORMATION	Mon-Construction			<u> </u>	
Legal Name:			Organizational Un Department: Reds		IERICV
	Visalia Redevelopr	nent Agency	Division:	ACIODUIGHT AR	JULINA
Organizational DUNS: 05267	3837		1		raon to be contacted on matters
Address:	BEAT	-MED+	involving this app	<u>(cation (give are</u>	a code)
Street: 425 East Oak Stre	et. Luite 30FU		Prefix: Mr.		red
City: Visalia		4 2006	Middle Name		
Cormbe	AUU '	<u>, </u>	Last Name Brusi	elas	
State: CA	ZIP CST ASTE CLE	ARING HOUSE	Suffix:		
Country	J. 3,50,7		Email: EBrusuela	s@ci.visalia.c	a.us
6. EMPLOYER IDENTIFICATION	N NUMBER (EIM)		Phone Number (giv		Fax Number (give area code)
	_		559-713-43	64	559-713 <u>-4813</u>
94-6000445 A TYPE OF APPLICATION:	3		7. TYPE OF APPL	CANT: (See bac	k of form for Application Types)
D Ne	₩ 🗓 Çantinustic	n 🔲 Ravision			
if Revision, unter appropriate in (See back of form for description	ter(E) in box(as) of letters)	m	Other (specify) N -	Redevelopme	nt Agency
Other (specify)	Ц		B. NAME OF PEDI	RAL AGENCY:	an Agency
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	CE NUMBER!	11. DESCRIPTIVE	ental Protection	CANT'S PROJECT:
TU. CATALOU UP PENERAL	POMES HE POSITE I MIL	66-618	Funds to Clea	nup hazardou	s substances located on a
TITLE (Name of Program): Br	ownfields Clean Up		6.8-acre and a	i 4.9~00re 6ile of Burke Stree	located at the NW and NE tand Oak Avenue.
12. AREAS AFFECTED BY PE			intrendecrions (v Hallo ange	and the company of the man company
City of Visalia	•				
13. PROPOSED PROJECT			14 CONGRESSIO	NAL DISTRUCTS	ts. Protect
\$mrt Date: 09/30/06	Ending Date: 10	/09	Applicant 21s		21st
16. ESTIMATED FUNDING:					REVIEW BY STATE EXECUTIVE
a. Federal \$		336 000 W			VAPPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
		236,000		ESS FOR REVIEL	
13 /4 /	federal_	59,000	DATE:	8/2/06	
c. State		· <u> </u>		RAM IS NOT CON	ÆRED BY E. O. 12372
d. Local		· ·		hanssinen	T BEEN SELECTED BY STATE
e. Other			FOR	ELAKSID//	NT ON ANY FEDERAL DEBTY
f. Program Income		,			 .
g. TOTAL		295,000	Yes if "Yes" att		
16. TO THE BEST OF MY KNO			PTHE APPLICANT A	ID THE APPLICA	INT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF	THE ASSISTANCE IS	AWARDED.			
Prefix Mr.	First Name Steven		Mid	ilin Name M.	
Lust Nome Salomon	GLEVEIT		Suff		
a. Tille Executive Director	1		e T	olephane Number	(glvo area code) 559-713-4312_
d. Signature of All Vorizago Paris	esentative	0-0	ja. C	ale Signed	6-8-06
Previous Elition Usesse	·	— HLCEIV	FD.		Shindard Form 424 (Rev.9-2003 Prescribed by OMB Circular A-10
Authorized for Local Reproduct	ion	HIN 19 2		. •	I INDUING DE CLUIS PRIMINISTE LE 191

GMO, PMD-7



APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Identifier		
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Application Identifier		
Construction	Construction	4. DATE RECEIVED BY	EDERAL AGEN	ICY Federal Identifi	er	
Non-Construction	☐ Non-Construction					
5. APPLICANT INFORMATION Legal Name:			Organizational	Unit:		
-	I Cii Dinisisi		Department:			
Santa Barbara County Air Polluti	ion Control District		Division:			
Organizational DUNS: 799440722	,	Name and Address of the Owner of				
Address:	DE	CEIVED	Name and telep	nhone number of per application (give area	son to be contacted on matters	
Street: 260 North San Antonio Road St	The state of the s	3	Prefix:	First Name: Linda		
City: Santa Barbara	AUI	j 0 4 2006	Middle Name			
County: Santa Barbara County, Californi	a	LEARING HOUSE	Last Name Alexander			
State: California	Zip Code STATE 0 93110	/Later / 1	Suffix:			
Country: United States of America			Email: alexanderl@sb	capcd.org		
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number	(give area code)	Fax Number (give area code)	
77-0384167			805-961-8813			
8. TYPE OF APPLICATION:			7. TYPE OF AP	PLICANT: (See back	of form for Application Types)	
☑ Nev	Continuatio	n 🔲 Revision	B. County			
If Revision, enter appropriate lett (See back of form for description	er(s) in box(es)		Other (specify)			
See pack of joint int describing	Of letters.)		'' ''			
Other (specify)			Environmental I	DERAL AGENCY: Protection Agency		
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	i	VE TITLE OF APPLI	CANT'S PROJECT:	
		66-001	Air Pollution Co	introl Program		
TITLE (Name of Program):						
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties	s, States, etc.):				
Santa Barbara County, Californi						
13. PROPOSED PROJECT				SIONAL DISTRICTS	OF:	
Start Date:	Ending Date: 9/30/2007		a. Applicant 23rd & 24th		b. Project 23rd & 24th	
10/01/2006 15. ESTIMATED FUNDING:	9/30/2007		16. IS APPLICA	ATION SUBJECT TO	REVIEW BY STATE EXECUTIVE	
		QQ	ORDER 12372 I	PROCESS? IS PREAPPLICATION	/APPLICATION WAS MADE	
a. Federal \$		480,784 `	I a. 188. III AV	AILABLE TO THE STA	ATE EXECUTIVE ORDER 12372	
b. Applicant \$		8,839,698		OCESS FOR REVIEV	VON	
c. State \$		100,000	DA'			
d. Local \$		•	D. NO. ILJ		ERED BY E. Q. 12372	
e. Other \$			l w FO	R REVIEW	T BEEN SELECTED BY STATE	
f. Program Income \$, uu	17. IS THE API	PLICANT DELINQUE	NT ON ANY FEDERAL DEBT?	
g. TOTAL \$		9,420,482		attach an explanation		
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING BUDY OF	LICATION/PREATHE APPLICANT	APPLICATION ARE 1 FAND THE APPLICA	RUE AND CORRECT. THE NT WILL COMPLY WITH THE	
a. Authorized Representative				Middle Name		
Prefix Mr.	First Name Terry					
Last Name Dressler				Suffix		
b. Title Air Pollution Control Officer				c. Telephone Number 805 961 8853	(give area code)	
d. Signature of Authorized Repre	esentative	·			31/2006	
1922	1 sect 0	<u>~</u>			01-64-54 Form 424 (Boy 0 2003)	

Previous Edition Usable Authorized for Local Reproduction Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

APPLICATION FEDERAL ASS		2. DAT 8/1/06	E SUBMITT	ED		Applicant Id	lentifier	
1. TYPE OF SUBM Application Construction Non-Constructio	ISSION: Preapplication Construction	3. DAT	E RECEIVE			State Applic	ation Identifier	
5. APPLICANT IN	FORMATION							
Legal Name: Garden	ia Gresham		Organizatio	nal Unit: Hom	ne			1
	unty, State, and zip code e, Unit A, San Diego, 3306		Name and p this applicat (619) 475	ion (give area	of person code):	to be contac	cted on matters involving	
8. TYPE OF APPLI	CATION: Continuation Revisorpriate letter(s) in box(es)	sion	A. State B. Count C. Munic D. Towns E. Inters F. Interm	ipal ship tate	H. Inde Stat I. Lear J. Priv K. India L. India M. Prof	ependent Sch e Controlled ning ate University an Tribe	Institution of Higher y.	
A. Increase Award C. Increase Duration E. Other (specify): new award				9. NAME OF FEDERAL AGENCY: State Clearinghouse Office of Planning and Research				
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:			To help pa	y for studer	nt loans	for a head	start teacher who RECEIVE	D
12. AREAS AFFEC Counties, States, etc.) San Diego, CA	TED BY PROJECT: (Ci	ties,					AUG 0 7 200	
13. PROPOSED PR	OJECT:		14. CONG	RESSIONAL	DISTR	ICTS OF:	STATE CLEARING H	DUSE
Start Date	Ending Date		a. Applicant	CESSIONAL	DISTR	b. Project		1772.78634
8/11/06/06	8/11/07		4th					
15. ESTIMATED FU	JNDING:						EW BY STATE	
a. Federal	\$ 60,	00.00	EXECUTIV	E ORDER 1	2372 PF	ROCESS?		
b. Applicant c. State	\$		a. YES.	THIS PREAF AVAILABLE PROCESS F	TO THE	STATE EXEC	ATION WAS MADE CUTIVE ORDER 12372	
d. Local	\$			7/14/1982				
	\$		b. NO.	PROGR	AM IS NO	OT COVEREI	D BY E. O. 1237	
e. Other	\$			OR PRO	GRAM H		EN SELECTED BY STATE	
f. Program Income	\$		17 TC TUE	FOR REVIE		VOILENT C	M ANV EFREN	
g. TOTAL	\$ 60,	000.00	DEBT?			ttach an expl	N ANY FEDERAL anation.)	
ARE TRUE AND CO	OF MY KNOWLEDGE PRRECT, THE DOCUM ND THE APPLICANT	AND BE ENT HA	LIEF, ALL D	LY AUTHOR	RIZED B	Y THE GOV	VERNING BODY OF	
a. Type Name of Autho	rized Representative		b. Title			c. Telephone	e Number	

Version 7/03

APPLICATION		2. DATE SUBMITTE August 10, 2006	ט	,	Applican	t Identifier
FEDERAL ASSI		7.44Eust 10, 2004				
1. TYPE OF SUBMISSION Application	N: Pre-application	3. DATE RECEIVED	BY STATE		State Ap	plication Identifier
Construction Non-Construction	☐ Construction☐ Non-Construction	4. DATE RECEIVED	BY FEDER	RAL AGENCY	Federal I	dentifier
5. APPLICANT INFORM	ATION				<u> </u>	
Legal Name:			Organiz	ational Unit;		
Shasta County	A MANAGEMENT AND STREET, STREE		Departm	•	•	
Organizational DUNS:	PECEL	\/En	Public V			
076-124-536	RECEI	AED	Division	ı: Scrvice Area #23 — (Cramien V	Votes
Address:	AUG 0 9	2006	Name at		r of person	to be contacted on matters involving this
Street:	CTATE OF FARIA	10 1101105	Prefix:	, 6		First Name: Steven
1855 Placer Street	STATE CLEARIN	IG HOUSE				
City:	the state of the s	The state of the s	Middle I	Name:		
Redding County:		5.5	Lyle			
Shasta			Last Nai			
State:	Zip Code:		Suffix:			
ÇA	96001					
Country:	•		Email:	_		
USA 6. EMPLOYER IDENTIFICATION OF THE PROPERTY	OATIONANIA ARER (ERR			r@co.shasta.ca.us		
				lumber (give area co	ode)	Fax Number (give area code)
9 4 -	6 0 0 0 5 DN:	5 3 5	(530) 24		(Sec back	(530) 225-5661 of form for Application Types)
If Revision, enter appropris		☐ Revision			(0.00 0.000	· · · · · · · · · · · · · · · · · · ·
(See back of form for descr	iption of letters,)		B. Cour	מזיץ		
Other (specify)		_	Other (s			
·			USDAF	E OF FEDERAL AC Lural Development		
10 CATALOG OF FEDER	AL DOMESTIC ASSISTA	NCE NUMBER:	11. DES	CRIPTIVE TITLE		CANT'S PROJECT:
TITLE (Name of Program):	10-7	6 0	Shasta County Service Area #23 – Cragview Water, Upgrade Filtration and Treatment Systems to Approved Technology			
12. AREAS AFFECTED E Shasta County Service Area	a #23 – Cragview Water, Sl	asta Co., CA				
13. PROPOSED PROJECT			14. CON	GRESSIONAL DIS	STRICTS C	F: Wally Herger
Start Date:	Ending Date		a, Applic	cant		b. Project
August 2008 15. ESTIMATED FUNDIN	November 20	109	2	bbi ic attori cuts	TOT TO I	2 LEVIEW BY STATE EXECUTIVE
13. ESTANATED PONDIN	iu.			12372 PROCESS?		CEVIEW BY STATE EXECUTIVE
a. Federal (USDA Rural Development	008,E084	•	a. Yes	THIS PREAPP	LICATION	VAPPLICATION WAS MADE UTIVE ORDER 12372 PROCESS FOR
Federal Loan)			REVIEV			
b. Applicant S				DATE:	NOTCOL	IDDDD DV D A 14474
c. State S			b. No			'ERED BY E. O. 12372 T BEEN SELECTED BY STATE FOR
	\$200,900	· · · · · · · · · · · · · · · · · · ·	REVIEV		·1 1D10 , (O	A DUDIN SELECTED BY BYATE (OR
Development Federal						
Grant)			1			
f. Program Income			17. IS TI	HE APPLICANT D	ELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL	1,004,700		Yes 1	f "Yes" attach an ex	oplanation.	⊠ No
DOCUMENT HAS BEEN ATTACHED ASSURANCE	DULY AUTHORIZED BY	THE GOVERNING BOI	IS APPLIC DY OF THI	ATION/PREAPPLI E APPLICANT ANI	CATION A D THE API	ARE TRUE AND CORRECT. THE PLICANT WILL COMPLY WITH THE
 Authorized Representative 			,			
I	First Name			Middle Name		
	Steven	· · · · · · · · · · · · · · · · · · ·		Lyle		
Last Name Preszler b. Title				Suffix		
5. Title Supervising Engineer				c. Telephone Nun (530) 245-6807	nder (give a	rea code)
d. Signature of Authorized I	Representative DA-	Pulan		e. Date Signed	· ·	
	Sleves	~ rest		August 10, 2006		

P. Ø2 Version 7/03

APPLICATION FOR		2. DATE SUBMITTED August 10, 2006			Applicant (dentities			
FEDERAL ASSIST	ANCE	3. DATE RECEIV	ED BY STATE		State Ann	lication Identifier		
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIV	LUBTSINIE					
Construction	☐ Construction☐ Non-Construction	4. DATE RECEIV	'ED BY FEDERA	L AGENCY	NCY Federal Identifier			
Non-Construction 5. APPLICANT INFORMAT								
Legal Name:	· · · · · · · · · · · · · · · · · · ·			ional Unit:				
Shasta County			Departme Public Wo					
Organizational DUNS:		and the same of th	Division:			-		
076-124-536 Address:	RECE	IN/ED	Name and	ervice Area #3 – C	er of person t	to be contacted on matters involving this		
Addices.		. I. W. Smann Road	applicatio	n (give area code)				
Street: 1855 Placer Street	AUG 0	9 2006	Prefix: Mr.			First Name: Steven		
City:	STATE CLEAR	RING HOUSE	Middle N	ame:				
Redding County:	STATE CLEAT	IIIVOTTOOOL	Lyle Last Nam	c;				
Shasta			Preszler					
State: CA	Zip Code: 96001		Suffix:					
Country:	1 ' 7' Y '		Email:	Dan shares				
USA 6. EMPLOYER IDENTIFICA	TION NUMBER (EIN):		Phone Nu	@co.shasta.ca.us imber (give area c	ode)	Fax Number (give area code)		
94-	6 0 0 0 5		(530) 245	-6807	·	(530) 225-5661		
8. TYPE OF APPLICATION			7. TYPE	OF APPLICANT	; (See back o	of form for Application Types)		
If Revision, enter appropriate (See back of form for descript	letter(s) in box(es)	☐ Revision	B Count	B. County				
(Sec eack of fourth for descript	ion of feders.)			·				
Other (specify)				Other (specify) 9. NAME OF FEDERAL AGENCY:				
			USDA R	ural Development				
10 CATALOG OF FEDERAL	DOMESTIC ASSISTA	NCE NUMBER:	11. DES	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:				
			Shasta Co	ounty Service Are	a #3 - Castel	lla Water, Upgrade Filtration and		
	1 0 - 7	6 0	Treatmen	t Systems to App	roved Techni	ology		
TITLE (Name of Program):								
12. AREAS AFFECTED BY Shasta County Service Area #	3 – Castella Water, Shas	ta Co., CA						
13. PROPOSED PROJECT:	Upgrade Filtration and I	reatment Systems	Systems 14. CONGRESSIONA			F: Wally Herger b. Project		
Start Date: August 2008	Ending Date November 2		a. Applic			2		
15. ESTIMATED FUNDING			.16.18 AF			REVIEW BY STATE EXECUTIVE		
a. Federal (USDA \$7	77,200		a Yes	12372 PROCESS THIS PREAP	PLICATION	VAPPLICATION WAS MADE		
Rural Development	,		AVAILA	BLE TO THE ST	ATE EXEC	UTIVE ORDER 12372 PROCESS FOR		
Federal Loan) b. Applicant \$			REVIEW	DATE:				
c. State \$			b. No	PROGRAM!	IS NOT COV	VERED BY E. O. 12372 OT BEEN SELECTED BY STATE FOR		
d. Local \$ e. Other (USDA Rural \$1	94,300		REVIEW		71/1 YAYA 140	, BLIN SELECTED BY STATE FOR		
Development Federal Grant)	٠٠٠٠							
f. Program Income \$	71.500			HE APPLICANT) f "Yes" attach an		NT ON ANY FEDERAL DEBT? ☑ No		
IS TO THE BEST OF MY	71,500 KNOWLEDGE AND BE	LIEF, ALL DATA	N THIS APPLIC	ATION/PREAPP	LICATION	ARE TRUE AND CORRECT. THE		
DOCUMENT HAS BEEN D ATTACHED ASSURANCE	ULY AUTHORIZED BY S IF THE ASSISTANCE	THE GOVERNING	BODY OF THE	E APPLICANT A	ND THE AP	PLICANT WILL COMPLY WITH THE		
a. Authorized Representative	rst Name			Middle Name				
Mr. St	even			Lyle				
Last Name Preszler				Suffix				
b. Title				c. Telephone No		area code)		
d. Signature of Authorized Re	enrescniative DA-	- 0		(530) 245-6807 e. Date Signed				
G. Organization (A. Addionization	Slun	- Scarte		August 10, 200)6			

Application for	Federal Assis	tance S	F-424				Ver	aion 02
1. Type of Submiss	ion:	* 2. Type	of Application:	* If Revisio	n, select appropriate	letter(s):		
Preapplication		✓ New						
Application		Conti	nuation	* Other (Sp	ecify)			
Changed/Correcte	ed Application	☐ Revis	sion				RECEIVED	
3. Date Received:		4. Applic	cant Identifier:					
Completed by Grants.gov	upan aubmission.	CA3105					AUG 0 9 2006	
5a. Federal Entity Ide	entifier:			• 5b. Fe	ederal Award Identi	fler:	STATE CLEARING HOUSE	
State Use Only:								1
6. Date Received by	State:		7. State Application	on Identifier	: [
8. APPLICANT INFO	ORMATION:							
* a. Legal Name: C	ity of Roseville							
* b. Employer/Taxpa	yer Identification N	lumber (E	IN/TIN):	• c. Or	ganizational DUNS	3:		
946000409			1492	07611	9643			
d, Address:		_						
Street1:	311 Vernon St.						×	
Street2:				~~~	~~~			
* City;	Roseville							
County:							h M	
* State:			A.M.AM.J.J.P.		CA: California	*		
Province:			A CONTRACTOR OF THE CONTRACTOR		TED 074750			
Country:	05070			USA: UNI	TED STATES		A.W.	
" Zip / Postal Code:			****	*****		-		
e. Organizational	Unit:		•	Obsidate	- Namar			
Department Name:	nartment		~~~	Divisio	on Name:			
f. Name and conta		person t	o be contacted o	n matters I	nvolving this app	lication:		
Prefix: Mrs			First N	4 19-1	Dae			
Middle Name:	/-					***************************************		
*Last Name: Gur	nther		**************************************					
Suffix:								
Title: Administrati	ve Analyst							
Organizational Affill	ation:				~			
* Telephone Numbe	er: 916-774-0515		****		Fax Number:	916-774-50	019	
* Email: ddgunth	er@roseville.ca.u							

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	-
C: City or Township Government	
Type of Applicant 2: Select Applicant Type:	
	
Type of Applicant 3: Select Applicant Type:	~~
Other (specify):	
* 10. Name of Federal Agency:	
Community Oriented Policing Services	
11. Catalog of Federal Domestic Assistance Number:	
CFDA Title;	
* 12. Funding Opportunity Number:	
COPS-OTHER-TECH-2006-1	
* Title:	
COPS Law Enforcement Technology	
	•
13. Competition Identification Number:	
Title:	
14. Areas Affected by Project (Cities, Countles, States, etc.):	
* 15. Descriptive Title of Applicant's Project:	***************************************
Roseville Wireless Technology Project	
Attach supporting documents as specified in agency instructions.	
Adgratischinenters College Ausching in La -X (4 value unit)	

Application	for Federal Assist	ance SF-424			Version 02		
16. Congressio	nal Districts Of:	V CARACTER STORE OF THE	V				
* a. Applicant	4th		▼ b. Program	/Project 4th			
Attach an additi	onal list of Program/Proj	ect Congressional Districts if nee	ded.				
		15(thex-	VIOLENCE VIOLENCE	······································			
17. Proposed F	Project:						
* a. Stan Date:	07/01/2006		* b. E	nd Date: 06/30/2007			
18. Estimated I	Funding (\$):						
* a. Federel		246,807.00					
* b. Applicant		0.00					
* c. State		0.00					
* d. Local		0.00					
* e. Other		0.00					
*f. Program Inc	come	0.00					
₹g. TOTAL		246,807.00					
c. Program is 20. (a the App Yes 21. *By signing herein are true comply with ar may subject m	21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) *** I AGREE *** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency						
Authorized Rep	presentative:		· · · · · · · · · · · · · · · · · · ·				
Prefix:		* First Name:	W. Craig				
Middle Name:	V		7				
* Last Name:	Robinson			the second of	V(1,0,1)		
Suffix:							
* Title: City M	lanager						
* Telephone Nur	nber: (916) 774-5382		Fax Number:				
* Email: cityn	nànàgèr@roseville.ce.us						
" Signature of A	uthorized Representative	Completed by Granta.gov upon aub	mission. Pate Signed:	Completed by Grants,gov upon submission,	The Management Control		

PAGE 06

Application for I	Federal Assis	tance SF-424			Version 02		
• 1. Type of Submissi	lon:	* 2. Type of Application:	•	f Revision, select appropriate letter(s):			
Preapplication		⊘ New			RECEIVED		
Application		Continuation	• (Other (Specify)	<i>"</i>		
Changed/Correcte	d Application	Revision			AUG 0 9 2006		
* 3. Date Received:		4. Applicant Identifier:			STATE CLEARING HOUSE		
Completed by Grants.gov	upon aubmission.	CA3105					
5a. Federal Entity Ide	ntifier:	•		* 5b. Federal Award Identifier:	menonium		
	1 200 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		\perp	and the second second			
State Use Only:							
6. Date Received by	State:	7. State Application	an I	dentifier:			
8. APPLICANT INFO	RMATION:						
* a. Legal Name: Ci	ty of Roseville		******				
* b. Employer/Taxpay	er identification N	lumber (EIN/TIN):		° c. Orgenizational DUNS:			
946000409				076119643			
d. Address:							
* Street1:	311 Vernon St.						
Street2:	Annual 1 - 2010 2011 3-0 1 1 1 1 1 1			0.00			
• Çity:	Roseville						
County:							
State:				CA: California			
Province:							
* Country:	No ment services		US	BA; UNITED STATES			
Zip / Postal Code:	95678						
e. Organizational U	Jnlt:			4			
Department Name:				Division Name:			
Roseville Police Dep	artment						
f. Name and contac	t information of	person to be contacted or	יתו	atters involving this application:			
Prefix:		* First Na	me	: Dee Dee			
Middle Name:		And China to the second			***************************************		
"Last Nama: Gunt	ther						
Suffix:							
Title: Administrative Analyst							
Organizational Affiliation:							
Roseville Police Dep	Roseville Police Department						
Telephone Number	916-774-5015			Fax Number: 916-774-5019			
Email: ddgunthe	r@roseville.ca.us						

PAGE 07

Application for Federal Assistance SF-424	V	ersion 02
9. Type of Applicant 1: Select Applicant Type:		
C; City or Township Government		
Type of Applicant 2: Select Applicant Type:		
Type of Applicant 3: Select Applicant Type:		
* Other (specify):		
* 10. Name of Federal Agency:		•
Community Orlented Policing Services		
11. Catalog of Federal Domestic Assistance Number:		
CFDA Title:		
* 12. Funding Opportunity Number:		
COPS-SOS-2006-1		
* Title:		
Secure Our Schools		
13. Competition Identification Number:		-
Title:	,,,	
14. Areas Affected by Project (Cities, Counties, States, etc.):		
* 15. Descriptive Title of Applicant's Project:		
Securing Roseville's Schools 2006		
Attach supporting documents as specified in agency instructions.		
TABLES 1.2 C DATE: THE SAME AND ASSESSED TO SAME AND ASSESSED TO SAME ASSESSED.		

Application	in for Federal Assistance SF-424	Version 02				
16. Congressio	sional Districts Of:					
* a. Applicant	b. Program/Project 4					
Attach an additi	ditional list of Program/Project Congressional Districts if needed.					
	The second secon					
17. Proposed F	d Project:					
* a. Start Date:	e: 07/01/2006 * b. End Date: 06/30/	2008				
18. Estimated	d Funding (\$):					
* a. Federal	127,296.00					
* b. Applicant	0.00					
* c. State	0.00					
" d. Local	127,297.00					
• e. Other	0.00					
* f. Program Inc	Income 0.00					
• g. TOTAL	254,593.00					
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process? ② a. This application was made available to the State under the Executive Order 12372 Process for review on ⑤ b. Program is subject to E.O. 12372 but has not been selected by the State for review. ③ c. Program is not covered by E.O. 12372. ** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) ⑤ Yes ⑥ No ⑥ No						
Authorized Representative:						
Prefix:	* First Name: W. Craig					
Middle Name:						
• Last Name;	Robinson					
Suffix:						
* Title: City M	Manager					
* Telephone Nur	Number: (916)774-5362 Fax Number:					
* Email: cityn	tymanager@roseville.ca.us					
* Signature of A	Authorized Representative; Completed by Granta.gov upon submission. • Date Signed: Completed by Grant	8.gov upon aubmission.				

APPLICATION FOR					Version 7/0
FEDERAL ASSISTANCE	<u> </u>	2. DATE SUBMITTED		Applicant Iden	tifler
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applicati	ion Identifier
Construction	☐ Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identif	ier
Non-Construction	Non-Construction				
5. APPLICANT INFORMATION Legal Name:		· · · · · · · · · · · · · · · · · · ·	Organizational Uni	t:	
Meccal Count	1 Communit	Le Action Road	Department:		-
Organizational DUNS: 136	2793340	1 Dugici	Division:		
Address:	x , , , , , , , , , , , , , , , , , , ,		Name and telephor	ne number of pe	rson to be contacted on matters
Street: 1748 Mile	es c+ s.	B	involving this appl	ication (give are	a code)
City			Middle Name		Brenda
Country CECI			Last Name 🥱 11	· -	
State	Zip Code G= 2	. 1 C	Suffix:	ahan'c	Johnson
Country:	Zip Code 953	77	Email: /		
USH			bren de	a Emerc	ed caa org
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):		Priorie Multiber (give	area code)	rax Number (give agea code)
8. TYPE OF APPLICATION:	<u> </u>				209-384-9936
8. TYPE OF APPLICATION:	✓ w □ Continuatio	- IT Bardalan	7. TYPE OF APPLIC	CANT: (See back	k of form for Application Types)
if Revision, enter appropriate let (See back of form for description	ter(s) in box(es)	on 🔲 Revision	Other (specify)	\mathcal{O}	
Other (specify)		Name of the second	9. NAME OF FEDE	RAL AGENCY:	
Other (specify)	TY FOCILITY	CENUMBER.	dd DESCRIPTIVE	15 DA	CANT'S PROJECT:
IV. CATALOG OF FEBLIAL	DOMESTIC ASSISTAN		Child	lare Fa	CANTS PROJECT:
TITLE (Name of Program):		10-74		, , , , ,	
12. AREAS AFFECTED BY PR	O IECT /Cition Countie	an States ataly	1.		
Le Grand and F		s, States, etc.).			
13. PROPOSED PROJECT			14. CONGRESSION	VAL DISTRICTS	OF:
Start Date: 9-06	Ending Date:	07 .	a. Applicant	始	b. Project 18-th
15. ESTIMATED FUNDING:	<u> </u>				REVIEW BY STATE EXECUTIVE
a. Federal \$	190	,000	ORDER 12372 PRO	REAPPLICATION	VAPPLICATION WAS MADE
b. Applicant	ENED	00	AVAILA	BLE TO THE STA SS FOR REVIEV	ATE EXECUTIVE ORDER 12372 V ON
c. State DEC	=14	· CO	DATE:		
d. Local	1 1 2006	•	b, No. PROGE	RAM IS NOT COV	ERED BY E. O. 12372
e. Other	HOUSE		OR PRO		T BEEN SELECTED BY STATE
f. Program Income	LEARING HOUSE	· au	17. IS THE APPLIC		NT ON ANY FEDERAL DEBT?
g. TOTAL	90,0	000.	┤ ☐Yes If "Yes" atta	ch an explanation	ı. 🕮 No
18. TO THE BEST OF MY KN DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	OWLEDGE AND BELIE Y AUTHORIZED BY THI	F, ALL DATA IN THIS APP E GOVERNING BODY OF	PLICATION/PREAPP THE APPLICANT AN	LICATION ARE T ID THE APPLICA	RUE AND CORRECT. THE NT WILL COMPLY WITH THE
a. Authorized Representative			NA: ala	la Name	
Prefix M5.	First Name Brei	nda		lle Name	
Last Name Callahar	7- Johnso	n	Suffi		
b. Tille Executiv		- B.A.			(give area code)
d. Signature of Authorized Rep	resentative O	La-	e. Da	ate Signed 7	-24-05
Previous Edition Usable Authorized for Local Reproduct	and the same of th				Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

Approved ...

Prescribed by OMB Circular A-102

Authorized f

Application for Federal Assi	stance SF-424		Version 02				
* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate let	ter(s):				
Preapplication	 New		11/19				
✓ Application	Continuation	* Other (Specify)	RECEIVED				
Changed/Corrected Application	Revision		AUG 1 4 2006				
* 3. Date Received:	4. Applicant Identifier:		1				
Completed by Grants.gov upon submission.		K	STATE CLEARING HOUSE				
5a. Federal Entity Identifier:		* 5b. Federal Award Identifier:					
956006145W							
State Use Only:							
6. Date Received by State:	7. State Applicat	ion Identifier:					
8. APPLICANT INFORMATION:							
* a. Legal Name: The Regents of the	University of California						
* b. Employer/Taxpayer Identification	Number (EIN/TIN):	* c. Organizational DUNS:					
1956006145A1		094878394					
d, Address:							
* Street1: 3227 Cheadle h	(al)						
Street2: Office of Resea	rch						
* City: Santa Barbara							
County:							
* State:		CA: California					
Province:							
* Country:		USA: UNITED STATES					
* Zip / Postal Code: 93106-2050							
e. Organizational Unit:							
Department Name:		Division Name:					
ICESS		ORU					
f. Name and contact information of	of person to be contacted o	on matters involving this applica	ation:				
Prefix: Dr.	* First N	ame: David					
Middle Name:							
* Last Name: Stoms	Stoms						
Suffix:							
Title: Associate Researcher							
Organizational Affiliation:							
Institute for Computational Earth Sys	stem Science						
* Telephone Number: 805-893-7655		Fax Number: 80	05-893-7612				

_		
Application for Federal Assistance SF-424		
9. Type of Applicant 1: Select Applicant Type:	Control of the Contro	į
H: Public/State Controlled Institution of Higher Education		
Type of Applicant 2: Select Applicant Type:	. 1	
Type of Applicant 3: Select Applicant Type:		
* Other (specify):		
* 10. Name of Federal Agency:		
National Oceanic and Atmospheric Administration	- 17	
11. Catalog of Federal Domestic Assistance Number:		
11.473	72	
CFDA Title:	· · · · · · · · · · · · · · · · · · ·	
Coastal Services Center		
* 12. Funding Opportunity Number:		
NOS-CSC-2007-2000691		
* Title:		
FY 2007 Information Resource Supporting the Resillency of Coastal Areas in the US Portion of the Gulf of Mexico		
13. Competition Identification Number:	- AND	
2041276	7	
Title:		
	1	
14. Areas Affected by Project (Cities, Counties, States, etc.):		
Texas, Louisiana, Mississippi, Alabama, and Florida		
* 15. Descriptive Title of Applicant's Project:		
Representing Social-Environmental Resilience in the Gulf Coast through a Geospatial Multicriteria Tool in Support of Adap	tive	
Policy-Making.		
Attach supporting documents as specified in agency instructions.		
Adepattechments Delete-Attachments View-Attachments	.6	
umnovier-s-vocamumilimiilis Olimiilistiosuvumusseeveen liisettykkeeveettämäänä	<u> </u>	
	i N	
	1119	

Application	for Federal Assis	tance SF-424		Version 02	
16. Congression	nal Districts Of:				
* a. Applicant	23		* b. Program/Project 23		
Attach an additio	onal list of Program/Pro	pject Congressional Districts if ne	eded.	j.	
		Ada Attachment De el	e Stephenol (Silva Stephenol)		
17. Proposed P	roject:				
* a. Start Date:	03/01/2007		* b. End Date: 02/28/2	2009	
18. Estimated F	unding (\$):				
* a. Federal		180,418.00			
* b. Applicant		0.00		·	
* c. State		0.00			
* d. Local		0.00			
* e. Other		0.00			
* f. Program Inco	ome	0.00		**	
* g. TOTAL		180,418.00			
 ✓ a. This application was made available to the State under the Executive Order 12372 Process for review on 08/14/2006 □ b. Program is subject to E.O. 12372 but has not been selected by the State for review. □ c. Program is not covered by E.O. 12372. * 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) □ Yes					
specific instruction Authorized Rep	ons.		may obtain this list, is contained in the annour		
·					
Prefix: Middle Name:		* First Name:	Kevin :		
ا	Stewart		: 		
Suffix:	Olewait.				
				Test.	
* Title: Sponso	ored Projects Officer				
* Telephone Num	ber: 805-893-4034		Fax Number: 805-893-2611		
* Email: stewa	art@research.ucsb.ed]			
* Signature of Au	thorized Representativ	e: Completed by Grants.gov upon sul	bmission. * Date Signed: Completed by Grants	.gov upon submission.	
Authorized for Lo	cal Reproduction			Standard Form 424 (Revised 10/2005)	

Standard Form 424 (Revised 10/2005) Prescribed by OMB Circular A-102

			Form 424			Approval No. 0348-0043	
Application for	2. Date Su		1		ant Identifier		
Federal Assistance		27-Jul-06					
1. Type of Submission Application		3. Date red	ceived State	State Ap	plication lo	dentifier	
Application Amendment	Preaplication						
Constuction	Construction	4. Date red	eived by Feder	al Federal l	dentifier		
X Non-Constuction	Non-Construction	Agency:		CA-90-Y	448		
5. Applicant Information							
6. Legal Name:	San Mateo Count	y Transit D	istrict (SamTra	ans)			
Address (give city, county, state	e, and zip)	7	Name and tele	phone of conta	act person	(give area code)	
1250 San Carlos A	venue		Re	ebecca Arthur	, Capital F	Programming and Grants	
San Carlos, San M	ateo County		(6	50) 508-6368		Administrator	
California 94070-13	_		-				
6. Employer Identification Numb	per (EIN):		7. Type of App	olicant <i>(enter a_l</i>	opropriate	letter in box) G	
9 4 2325976							
8. Type of Application			A. State		H. Indepe	endent School Dst.	
			B. County		I. State C	ontrolled Institution	
X new continuation		Revision	C. Municipal		of highe	er learning.	
If revision, enter appropriate let	ter(s)		D. Township		_	University	
in boxes:			E. Interstate		K. Indian	-	
A. Increased Award B. Decreas	sed Award		F. Intermural		L. Profit I		
C. Increase Award D. Decreas			G. Special Dis	trict	M. Other:		
Other (specify):	C Daration		O. Opeolal Bio	ti i ot	141. 04101.		
Cirici (apcony):							
10. Catalog of federal domestic			9. Name of fede	eral Agency:			
assistance number:	20507		1	ederal Transit	Administ	ration	
	Section 5307 Prog		11. Descriptive				
12. Areas affected by project:		9		Grant - samTr			
San Mateo County			,				
Can mater county					ï		1
13. Proposed Projects in Grant			1			RECEIVED	
Start Date:	End Date:					I I have been to be her	
6/8/2005	2/28/2008					AUG 1 4 2006	
0,0,2000	_,,					AUG 1 4 2000	
15. Estimated Funding for amer	nded projects		1				1
a. Federal		14. Congre	ssional Districts	of:		STATE CLEANING HOUSE	
b. Applicant	4 1,000,000	a. Applicar		B. Projec	\t	mana ana mininteganya menterirah dangaranya anaharatra ana amin menterirah mendapanan pelakutuan pendapan mendan d	J
				D. T TOJEC	12 & 14		
c. State	\$396,748	-	12 & 14		12 0 14		
d. Local f. Program Income	\$330,140	16 Is appli	cation subject to	review by state	executive 1	2372 process? Yes	
e. Other			preaplication/app				
g. TOTAL	\$1,983,734	i .	cutive order 1237				
17. Is the applicant delinquent	1	Date:	08/04/06	•			
on any federal debt?		b. No		covered by E.).	12372		
Yes.(attach an expla	anation)	or	-	notbeen select		for review	
X No.	ariacion,		Joi programma		,		
18. To the best of my knowledge	ne and belief, all da	ta in this an	plication preapl	ication are true	and corre	ect.	
The document has been duly a							
with the attached assurances if			, 5c applica	с по срр			
a. Typed Name of Authorized Represe			b. Title		c. Teleph	one Number:	
Michael J. Scanlon			General Mana	ager	(650) 50		
d. Signature of Authorized repre		<u></u>	1	<u> </u>	e. Date S		
my szamlar					8/10/	•	
11/1/10000					10/10	<i>y</i>	

, , , , , , , , , , , , , , , , , , , ,	DC 1			!		#304 Version 7/03	
APPLICATION FO			2. DATE SUBMITTED		Applicant Identif	6-0088-FCH FFY2006	
1. TYPE OF SUBMISSION			3. DATE RECEIVED BY STA	ATE	State Application	n Identifier	
Application Construction	Preapplica		4. DATE RECEIVED BY FED	DERAL AGENCY	Federal Identifie	f	
☐ Non-Construction	☐ Non-C	truction Construction			1		
5. APPLICANT INFOR	MATION			Organizational Un	it. Department of A	irnorte	
Legal Name: City of Fresno				Organizational Unit: Department of Airports Department: Airports			
Organizational DUNS: 17-	-678-5079			Division: Projec	ts and Engine	ering	
Address:				Name and telephone number of person to be contacted on matters			
Street: 4995 East Clinton Way				involving this application (give area code) Prefix: Mr. First Name: Kevin			
City: Fresno				Middle Name:			
County: Fresno				Last Name: Meik	ile		
State: CA	Z	Zip Code: 937 2	27	Suffix:			
Country: USA				Email: Kevin.M	eikle@fresno.g	jov	
6. EMPLOYER IDENTIF	ICATION NUM	IBER (EIN):		Phone number (giv	ve area code):	FAX number (give area code):	
9 4 - 6 0	0 0 3	3 8]	559-621		559-498-5549	
8. TYPE OF APPLICATION:				7. TYPE OF APPI	LICANT: (See back	of form for Application Types)	
New Continuation Revision				Other (specify)			
If Revision, enter appropriate letter(s) in box(es): (See back of form for description of letters)							
Other (specify)				9. NAME OF FED	FRAL AGENCY		
				Federal Aviati	on Administra		
10. CATALOG OF FED	ERAL DOMES			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Fresno Chandler Executive Airport (FCH)			
	PARTAIR	2 0 -	1 0 6	- Install AWOS III			
TITLE: AIRPORT IMPROV PROGRAM (AIP)	EMENI			- Rehabilitate Taxilanes South Side (Design)			
12. AREAS AFFECTED				- Environmental Assessment for Northside Improvements			
Counties of Fresn	o, Madera, ¹	Tulare, Kinç	gs, Merced and	inipro voinona			
Mariposa 13. PROPOSED PROJ	ECT			14. CONGRESSIO	NAL DISTRICTS C	of	
Start Date			Ending Date	a. Applicant		b. Project 18TH	
6/2006 15. ESTIMATED FUNDI	NG		6/2009	18TH	ON SUBJECT TO F	REVIEW BY STATE EXECUTIVE	
19. ESTIMATED TONDI			44.4.4.0 .00	ORDER 12372 PRO	CESS	PPLICATION WAS MADE AVAILABLE	
a. Federal	RECE!	VFD 1	414,440	тотн	E STATE EXECUTIV	E ORDER 12372	
b. Applicant \$		2000	.00	PROC	ESS FOR REVIEW O	in .	
c. State \$	AUG 14	5006 	21,813 ^{.00}	DATE:	TBD		
d. Local \$	ATE CLEARI	NG HOUSE	.00	b. No. 🔲 PROG	RAM IS NOT COVER	RED BY E. O. 12372	
e. Other	ATECILAM		3 .00	REVIE	W	EEN SELECTED BY STATE FOR	
f. Program income \$.00	17. IS THE APPLICA	NT DELINQUENT	ON ANY FEDERAL DEBT?	
g. TOTAL \$			436,253	Yes If "Yes" attach		No No	
18. TO THE BEST OF M DOCUMENT HAS BEEN ATTACHED ASSURANCE	DULY AUTHO	ORIZED BY TH	HE GOVERNING BODY (APPLICATION/PREA OF THE APPLICANT	AND THE APPLIC	TRUE AND CORRECT, THE ANT WILL COMPLY WITH THE	
a. Authorized Representativ	re			T	Middle Name C.		
Prefix Mr	J First	Name Russe	811		Suffix AAE		
Last Name Widmar b. Title Director of A	viation		<u> </u>			er (give area code)	
d. Signature of Authorize	Representati	we Of the	1000		e. Date Signed	4-19-06	

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Standard Form 424 (Rev. 9-2003_) Prescribed by OMB Circular A-102

OMB Number: 4040-0004 Expiration Date: 07/31/2006 Application for Federal Assistance SF-424 Version 02 11. Type of Submission: * 2. Type of Application; "If Revision, select appropriate letter(s); Preapplication V Now ✓ Application Continuation " Other (Specify) Changed/Corrected Application Revision - 3, Date Received: 4. Applicant Identifier: Completed by Grants.gov upon autimission. 5a. Federal Entity Identifier: * 5b, Faderal Award Identifier: State Use Only: 6. Date Received by State; 7. State Application Identifier: 8. APPLICANT INFORMATION: * a. Legal Name: San Luis Obispo County Sheriff's Department STATE CLEARING HOUSE * b. Employer/Taxpayer Identification Number (EIN/TIN): * c. Organizational DUNS; 95-6000939 035116404 d. Address: "Street1: P.O. Box 32 Street2; - City: San Luis Obiapo County: " State: CA: California Province: * Country: USA: UNITED STATES " Zip / Postal Code; 93406 e. Organizational Unit: Department Name: Division Name: San Luis Obispo County Sheriff Forensic Services f. Name and contact information of person to be contacted on matters involving this application: Prefix: Mr, * First Name: Middle Name: * Last Name; Hoving Suffix Title: Chief Deputy Organizational Affiliation; * Telephone Number: 805-781-4528 Fax Number: 805-781-1075 an, eo. ele. eo. @gniveda ' Empil:

OMB Number: 4040-0004 Expiration Date: 07/31/2006 Application for Federal Assistance SF-424 Version 02 9. Type of Applicant 1: Select Applicant Type: B; County Government Type of Applicant 2: Select Applicant Type: Type of Applicant 3: Select Applicant Type: * Other (specify); * 10. Name of Federal Agency: Community Orlanted Policing Services 11. Catalog of Federal Domestic Assistance Number: CFDA Title; * 12. Funding Opportunity Number: COPS-OTHER-TECH-2006-1 * Title; COPS Law Enforcement Technology 13. Competition Identification Number: Title: 14. Areas Affected by Project (Cities, Countles, States, etc.): * 15. Descriptive Title of Applicant's Project: Forensic Services Laboratory Enhancement Program. Attach supporting documents as specified in agency instructions. Add Attachmants Delete Attachments Wiew Attachments.

SLO SHERIFF DEPT

Application	for Federal As	sistance SF-424		•	Version 02
16. Congression	onal Districts Of:				
a. Applicant	22		* b. Prog	ram/Project 22	
Attach an additi	onal list of Program/	Project Congressional District	if needed,		
		Add Attachment	Delete Attachment View Attac	chment!	
17. Proposed f	Project:				
⊤a, Start Date:	07/01/2006		• 1	b, End Date: 06/30/2007	
18, Estimated	Funding (\$):				
* a. Federal		104,646.00			
7 b. Applicant		0.00			
* c. State		0.00			
* d. Local		0.00	•		
° c. Other	<u> </u>	0.00			
*f. Program Inc	come	00.0		•	
g, TOTAL		104,646.00			
a. This appli	cation was made ava	view By State Under Execut vilable to the State under the E 372 but has not been selected v. 12372.	ecutive Order 12372 Process	for review on 8-15-06	
7 20, Is the App	plicant Delinquent	On Any Federal Debt? (If "	es", provide explanation,)		
∏ Yes	✓ No	Explanation			
herein are true comply with as may subject m	e, complete and ac ny resulting terms	curate to the best of my kno	wledge, I also provide the r are that any false, fictitious,	ications and (2) that the statements equired assurances and agree to or fraudulent statements or claims on 1001)	
✓ The Has et acr					
specific instruct	lons.	ances, or an internat site whei	you may obtain this list, is co	ontained in the announcement or agency	•
Authorized Re	presentative:			V	
Prefix:	Mr.	* First Na	ne: Gary		
Middle Name:		. 41		Pa Managaran	·····
" Last Name:	Hoving		-,-	71	
Suffix:			*	14.1)	V14
Title; Chief I	Deputy	11. 11. 11.	=/-		· · · · · · · · · · · · · · · · · · ·
- Telephone Nur	mber: 805-781-4528		Fax Number;	805-781-1075	
• Email: ghov	ring@co.slo.ca.us		-,		
" Signature of Au	thorized Rapresents	tive: Completed by Grants, gov to	on submission. Oate Signer	d: Completed by Grants.gov upon aubmission.	
Authorized for Lo	odal Reproduction	1	10	6-14-06 Standard Form 424 (F	•

Application for	r Federa Assi	stance SF-424		Expiration Date	Version 02
* 1. Type of Submis	ssion:	*2 Type of Application:	* If Revision, select appropriate letter(s		
Preapplication		☑ New	P1 (4)		
Application		Continuation	* Other (Specify)		7
Changed/Correc	ted Application	Revision		RECEIVED	Andrew Company
* 3. Date Received:		4. Applicant Identifier:		AUG 1 5 2006	
Completed by Grants.go	v upon submission.				
5a. Federal Entity Id	lentifier:		* 5b. Federal Award Identifier:	STATE CLEARING HOUSE	
				Contribution of carrier of special carrier as a serious and carrier as a serious as a serious and carrier as a serious as a se	J
State Use Only:					
6. Date Received by	/ State:	7. State Application	on Identifier:		
8. APPLICANT INFO	ORMATION:				
* a. Legal Name: C	ITY OF FREMON		A		7
b. Employer/Taxpa	yer Identification N	lumber (EIN/TIN):	c. Organizational DUNS:		
946027361			138924787		
d. Address:	#) (P	CA parameter and the second se			
* Street1:	2000 Stevenson 8	Blvd	Andrews and the second	THE THE PARTY OF T	
Street2:					
City:	Fremont			1944-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
County:	Alameda	1410	TEAL MAN AND MAN AND AND AND AND AND AND AND AND AND A		
* State:			CA: California		
Province:					
* Country:			USA: UNITED STATES	TALALAN AND AND AND AND AND AND AND AND AND A	
* Zip / Postal Code:	94538				
e. Organizational U	ınıt:				-
Department Name:	! ! -		Division Name:		
Police Department	- 14				
f. Name and contac	t information of p	person to be contacted on t	matters involving this application:	The second secon	
Prefix:		First Nam	ne: Shelly		
Middle Name:			Longotti (Malamana and Antonio		
* Last Name: Millim	nan	10 to	na antara da la camana de Angara de Angar		
Suffix:			444	110-1111 (1111-1111-1111-1111-1111-1111-	
Title: Crime Analysi	s Manager				<u> </u>
Organizatlonal Affiliati	on:			······································	
Telephone Number:	510-790-0977		Fax Number: 510-790-	-6901	
* Email: smilliman@	© ci.fremon:.ca.us				
			The state of the s	The second secon	

9. Type of Applicant 1: Select Applicant Type: C: City or Township Government Type of Applicant 2: Select Applicant Type: Type of Applicant 3: Select Applicant Type: * Other (specify): * 10. Name of Federal Agency: Community Oriented Policing Services 11. Catalog of Federal Domentic Assistance Number: CFDA Title: * 12. Funding Opportunity Number: COPS-OTHER-TECH-2006-1 * Title:	
Type of Applicant 2: Select Applicant Type: Type of Applicant 3: Select Applicant Type: * Other (specify): * 10. Name of Federal Agency: Community Oriented Policing Services 11. Catalog of Federal Domestic Assistance Number: CFDA Title: * 12. Funding Opportunity Number: COPS-OTHER-TECH-2006-1 * Title:	
Type of Applicant 3: Select Applicant Type: * Other (specify): * 10. Name of Federal Agency: Community Oriented Policing Services 11. Catalog of Federal Dome it assistance Number: CFDA Title: * 12. Funding Opportunity Number: COPS-OTHER-TECH-2006-1 * Title:	
* Other (specify): * 10. Name of Federal Agency: Community Oriented Policing Services 11. Catalog of Federal Dome attic Assistance Number: CFDA Title: * 12. Funding Opportunity Number: COPS-OTHER-TECH-2006-1 * Title:	
* Other (specify): * 10. Name of Federal Agency: Community Oriented Policing Services 11. Catalog of Federal Dome attic Assistance Number: CFDA Title: * 12. Funding Opportunity Number: COPS-OTHER-TECH-2006-1 * Title:	
* 10. Name of Federal Agency: Community Oriented Policing Services 11. Catalog of Federal Dome stic Assistance Number: CFDA Title: * 12. Funding Opportunity Number: COPS-OTHER-TECH-2006-1 * Title:	
* 10. Name of Federal Agency: Community Oriented Policing Services 11. Catalog of Federal Dome stic Assistance Number: CFDA Title: * 12. Funding Opportunity Number: COPS-OTHER-TECH-2006-1 * Title:	
Community Oriented Policing Services 11. Catalog of Federal Dome litic Assistance Number: CFDA Title: * 12. Funding Opportunity Number: COPS-OTHER-TECH-2006-1 * Title:	
Community Oriented Policing Services 11. Catalog of Federal Dome attic Assistance Number: CFDA Title: * 12. Funding Opportunity Number: COPS-OTHER-TECH-2006-1 * Title:	
11. Catalog of Federal Domestic Assistance Number: CFDA Title: * 12. Funding Opportunity Number: COPS-OTHER-TECH-2006-1 * Title:	
CFDA Title: * 12. Funding Opportunity Number: COPS-OTHER-TECH-2006-1 * Title:	
* 12. Funding Opportunity Number: COPS-OTHER-TECH-2006-1 * Title:	
* 12. Funding Opportunity Number: COPS-OTHER-TECH-2006-1 * Tille:	
COPS-OTHER-TECH-2006-1 * Title:	
COPS-OTHER-TECH-2006-1 * Title:	
COPS-OTHER-TECH-2006-1 * Tille:	
* Title:	
COPS Law Enforcement Technology	
13. Competition Identification Number:	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
City of Fremont	
* 15. Descriptive Title of Applicant's Project:	
Palrol Vehicle Computer Project	
Attach supporting documents as specified in agency instructions.	
Add:Attachments Delete A achments View Attachments	J

Application for Federa	Assistance SF-424	Version 02
16. Congressional Districts C	f:	
* a. Applicant 13]	* b. Program/Project 13
Altach an additional list of Progr	ram/Project Congressional Districts if n	needed.
	Add Attachment	
17. Proposed Project:		
* a. Start Date: 11/22/2005		* b. End Date: 11/21/2008
18. Estimated Funding (\$):		
* a. Federal	98,723.00	
* b. Applicant	0.00	
° c. State	0.00	RECEIVED
d. Local	0.00	7 7 2006
* e. Other	0.00	AUG 1 5 2006
* f. Program Income	0.00	STATE CLEARING HOUSE
g. TOTAL	98,723.00	STATE CLEATING
Yes No 21. *By signing this application herein are true, complete and comply with any resulting termay subject me to criminal, comply a subject me to criminal a specific instructions.	ant On Any Feideral Debt? (If "Yes", on, I certify (I) to the statements contained accurate to the best of my knowled ms If I accept an award. I am aware lvil, or administrative penalties. (U.S.	ntained in the list of certifications** and (2) that the statements edge. I also provide the required assurances** and agree to e that any false, fictitious, or fraudulent statements or claims
Authorized Representative:		
Prefix:	* First Name:	Shelly
Middle Name:	The state of the s	
Last Name: Milliman Suffix:	- I SAN TO THE SAN THE SAN TO THE SAN TO THE SAN TO THE SAN	
• Title: Crime Analysis Manag	er	
* Telephone Number: 510-790-		Fax Number: 510-790-6901
* Email: smilliman@ci.fremor	Il.ca.us	
* Signature of Authorized Repres	enlative: Completed by Grants.gov upon su	submission. * Date Signed: Completed by Grants.gov upon submission.



Mercy Housing California

August 16, 2006

To:

Ms. Terry Roberts, State Clearinghouse Director

Governor's Office of Planning and Research

Fax:

916/323-3018

From: David Wilkinson, Director

Community Development Department

RE:

USDA Housing Preservation Grant

As per the request of the Rural Housing Section of USDA and its Housing Preservation Grant Program, and on behalf of Mercy Housing California (MHC), I am requesting the interagency office approval.

Accompanying this memo is our completed SF424. If you have any questions, please call me at 916/414-4419. I would appreciate if you could provide a formal written response by **Friday**. August 18, in order that I may include it in the proposal.

Thank you again for your assistance in MHC's proposal to USDA's Housing Preservation Grant program.

APPLICATION FOR					Version 7/03
FEDERAL ASSISTANCE	i	2. DATE SUBMITTED August 16, 2006		Applicant Iden	tifler
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applicati	on Identifier
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGEN	CY Federal Identif	ler
Non-Construction 5. APPLICANT INFORMATION	Non-Construction	<u> </u>			.,
Legal Name:			Organizational L	Jnit:	
	ing California			nity Development De	partment
Organizational DUNS; 88320	0909			cramento	
Address:					son to be contacted on matters
Street: 3120 Freeboard Dr. Ste	RE(CEIVED	Prefix:	First Name:	avid
City: West Sacramento		. = 0000	Middle Name		
County: Yolo	AUG	1 1 0 2000	Last Name Wilki	nson	
State: CA	Zip Code 95691ATE U	LEAHING HOUSE	Suffix:		
Country: USA	Committee of the commit	entered to the description of the sequence of	Email: dwilkinson	@mercyhousing.org	
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number (give area code)	Fax Number (give area code)
94-3081686]		916-414-4419		916-414-4492
8. TYPE OF APPLICATION:	Contr.		7. TYPE OF APP	LICANT: (See back	of form for Application Types)
Nevision, enter appropriate let	ter(s) in box(es)	n 🛭 Revision	NON PROFIT	Γ	
(See back of form for description	of letters.)	C	Other (specify)		
Other (specify)			USDA	DERAL AGENCY:	
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIV	E TITLE OF APPLIC	CANT'S PROJECT:
TITLE (Name of Program):		10-433		ing Callfornla servation Program	
12. AREAS AFFECTED BY PR	OJECT (Citles, Counties	s, States, etc.):	1		
City of Biggs					
13. PROPOSED PROJECT				IONAL DISTRICTS	
Start Date: October 2006	Ending Date: September 2008		a. Applicant Wally Herger		b. Project Wally Herger
15. ESTIMATED FUNDING:					REVIEW BY STATE EXECUTIVE
a. Federal \$		Ви	ORDER 12372 PI	ROCESS?	APPLICATION WAS MADE
		200,000			TIE EVERALISE OFFICE STORE
b. Applicant \$		108,000		CESS FOR REVIEW	VON
c. State \$				E: August 16, 2006	
d. Local \$			D. NO. 1111		ERED BY E. O. 12372
e. Other \$		us	l □ FOR	REVIEW	T BEEN SELECTED BY STATE
f. Program Income \$.00	17. IS THE APPL	LICANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOYAL \$		308,000	1	ittach an explanation	
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING BODY OF	THE APPLICANT	PPLICATION ARE T AND THE APPLICA	RUE AND CORRECT. THE NT WILL COMPLY WITH THE
I - 8. shoulened Dougocontothic	First Name		NAI NAI	Iddie Name	
Prefix Mr.	Greg Greg				
Last Name Sparks				uffix	
b. Title Vice President		<u> </u>		Telephone Number 916-414-4439	(give area code)
d. Signature of Authorized Range	september / ray		€.	Date Signed August 16, 2006	
Previous Edition Usable Authorized for Local Reproduction	on .				Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

Application for Federal Assi	stance SF-424				Version 02
* 1. Type of Submission:	* 2. Type of Applic	cation:	If Revision, select appropriate letter(s):	
Preapplication	X New				
Application	 Continuation 	* 1	Other (Specify)	RECEIVED	
O Changed/Corrected Application	O Revision	No.		AUG 1 5 2006	_
* 3. Date Received:	4. Applicant Identif	ifier:		HOU 2 0, 2000	
	- 			STATE CLEARING HOUSE	
5a. Federal Entity Identifier:			* 5b. Federal Award Identifier:		
State Use Only:					
	7 8-4- 4	N1:4:	l-Jantifiae:		
6. Date Received by State:	7. State A	Application I	Identifier:		
8. APPLICANT INFORMATION:					
a. Legal Name: City o	of Rancho \$a	nta Ma	rgarita 	•	
* b. Employer/Taxpayer Identification 91~20	Number (EIN/TIN): 017167		* c. Organizational DUNS: 10 094	0597	
d. Address:					
* Street1: 22112	El Paseo				
Street2:					
* City: Rancho	Santa Marg	arita			
County:					
*State: Califo	rnia				
Province:					· ·
* Country: USA	-				
* Zip / Postal Code: 92688					
e. Organizational Unit:					
Department Name:			Division Name:		1
Orange County Sher	iff's Depar	tment	Rancho Santa Marg	arita Police Services	
f. Name and contact information of	person to be contac	cted on ma	atters involving this application	n:	
Prefix: Sergeant		irst Name:	Matthew		
Middle Name: M.					
*Last Name: Barr					
Suffix:		•	·		
Title: Sergeant					
Organizational Affiliation:					
Contract Police	Services			·	
* Telephone Number: (949) 6	35-1817		Fax Number:	(949) 6 35–1839	
⁺Email: mbarr@ocsd.o	rg				

S. Type of Applicant 1: Type of Applicant 2: (C) (City or Township Government Type of Applicant 3: (B) County Government 'Other (specty): '10. Name of Federal Agency: U. S. Department of Justice - Office of Community Oriented Policing 11. Catalog of Federal Domestic Assistance Number: CFDA Title: COPS F/Y 2005 Technology Program '12. Funding Opportunity Number: 'Title: 13. Competition Identification Number: Title: 14. Areas Affected by Project (Cities, Counties, States, etc.): Rancho Santa Margarita, County of Orange, State of California	
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Rancho Santa Margarita, County of Orange, State of California	
15. Descriptive Title of Applicant's Project;	
15. Descriptive Title of Applicant's Project;	•
Purchase of Laptop and periperals computers, portable computer memory storage	F
devices and traffic monitoring equipment to more efficiently meet the needs of Rancho Santa Margarita citizens.	-
ttach supporting documents as specified in agency instructions.	

Annella etta etta England Annel Annel	
Application for Federal Assistance SF-	424
16. Congressional Districts Of:	
*a.Applicant Gary Miller, 42nd D	istrict, CA b. Program/Project: COPS Technology
Attach an additional list of Program/Project Congres	sional Districts if needed.
17, Proposed Project:	
* a. Start Date: May 31, 2006	* b. End Date: May 30, 2007
19 Estimated Eurolan (\$).	
*a. Federal	
* b. Applicant	
* c. Slate	
* d. Local	-
* e. Other	
* f. Program Income	_
\$18,757.00 * 19. is Application Subject to Review By State Ur	
21. *By signing this application, I certify (1) to the herein are true, complete and accurate to the best ply with any resulting terms if I accept an award. I subject me to criminal, civil, or administrative per I AGREE ** The list of certifications and assurances, or an interspecific instructions.	Debt? (If "Yes", provide explanation on the next page.) statements contained in the list of certifications** and (2) that the statements tof my knowledge. I also provide the required assurances** and agree to comlam aware that any false, fictitious, or fraudulent statements or claims may
Authorized Representative:	Prescribed by OMB Circular A-10:
Prefix:	First Name: Steven
Middle Name: E.	
Last Name: Hayman	
Suffix:	
Title: City Manager	
Telephane Number: (949) 635–1800	Fax Number: (949) 635-1840
Email: shayman@cityofrsm.org	
Signature of Authorized Rapidsontative:	* Date Signed:
Maren 3	Day 5/31/06
authorized for Lecal Reproduction	· /

APPLICATION FOR		(a. p. 475 = 41544)	n	Applicant Iden	Version 7/03
FEDERAL ASSISTANCE	E	2. DATE SUBMITTE 5-15-06			# 90E1 0317/03
1. TYPE OF SUBMISSION: Application Construction Non-Construction	Pre-application Construction Non-Construction		BY FEDERAL AGENCY	State Applicati	
5. APPLICANT INFORMATION	V		Organizational Unit		
Legal Name ⁻			Department:	•	
Riverside County Department of	of Community Action		Division.		
Organizational DUNS: 105920057	REGE	EIVED	1		rson to be contacted on matters
Address:		± 2005	Involving this appli	cation (give are	a code)
Street: 2038 lowa Avenue, #B-102	1	5 2006	Prelix. Ms	First Name:	Maria
City. Riverside	STATE CLE	ARING HOUSE	Middle Name	Υ	
County: Riverside				uarez	
State: CA	Zip Code 92507	-2412	Suffix. CCAP	4711	,
Country: U.S.A.			Email: rrijuarez@rive	gro.eaqbebiare	
6. EMPLOYER IDENTIFICATI	ON NUMBER (EIN).		Phone Number (give	area code)	Fax Number (give area code)
B 5 -6 0 0 0 9 3	0		951-955-4900		951-955-6506
8. TYPE OF APPLICATION: I. Ne If Revision, enter appropriate te (See back of form for description)	ew P Continuati	on Revision	7. TYPE OF APPLIC B. County Gov Other (specify)		k of form for Application Types)
Olher (specify)	<u></u> ,	Ш	9. NAME OF FEDE	RAL AGENCY:	ce of Community Sarvices, HHS
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAL		11. DESCRIPTIVE	TITLE OF APPL	CANT'S PROJECT:
TITLE (Name of Program): CSBG T/TA Program - EITC & 12. AREAS AFFECTED BY P	R Olher Asset Formation	9 3-5 7 0 Opportunities	11. DESCRIPTIVE	Set Building Advi	CANT'S PROJECT:
TITLE (Name of Program): CSBG T/TA Program - EITC & 12. AREAS AFFECTED BY P California and Nevada	R Olher Asset Formation	9 3-5 7 0 Opportunities	11. DESCRIPTIVE	NTLE OF APPLI	sory Nelwork
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